

**CLAIMS ONLY**

Application Number

**Filing Date**

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 2/16/06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend	*		*		*	
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6	1						56					
7		1					57					
8		1					58					
9		1					59					
10		1					60					
11	1						61					
12		1					62					
13		1					63					
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16		1					66					
17		1					67					
18		1					68					
19	1						69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24	1	1					74					
25		1					75					
26		1					76					
27		1					77					
28		1					78					
29		1					79					
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37							87					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	24						Total Depend					
Total Claims	29						Total Claims					